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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		EEST B NISC	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

should state IS A PERMANENT RECORD. Every item of inforof OCCUPA-PHYSICIANS Exact statement stated EXACTLY. properly classified. FOR BINDIA certificate. WITH UNFADING INK-THIS be RESERVED AGE should be CAUSE OF DEATH in plain terms, so that it may be TION is very important. See instructions on back of MARGIN mation should be carefully supplied. -WRITE PLAINLY,

V. S. No. 1

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STATE	OF	MARYLAND-CERTIFICATE	OF	DEATH	
DEATH		m:			

1. PLACE OF DEATH	<u> </u>
County Conty Market	Registration Dist. No. 105
Village or City 11/4/City	No. St., Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where deeth occurredyrs,mo	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mary Vorgance Run	aller
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Remale la Augel	(Monthly (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of	aprel 20 1933 10 Mas 8 1933
6. DATE OF BIRTH (month, dey, and year) Well, 26 33	1 Jost saw hole alive on April 207 , 1933; death Is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 8 - 30 Am.
1 day,hrs	The PRINCIPAL CAUSE OF DEATH end related causes of Importance
8. Trade, profession, or particular	were as sollows: Data of one of
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work wes done, as SILK MILL, SAW MILL, BANK, etc	way was a final fi
9, Industry or business In which	
work wes done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and spent in this	
year) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Elaquell	Herelo Pare
(State or country) Dry Back Ca Wid	- Howard
13. NAME Dallas Golelen	
13. NAME Pallas Edeles. 14. BIRTHPLACE (city or town) Gellaguells.	Name of operation Date of
(State or country)	Whet test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Versier Roll Prith	23, If death was due to external ceuses (VIOLENCE) fill In elso the following:
The state of the s	Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
0.00 - 6 - 6	(Specify city or town, county and State)
17. INFORMANT CALLED CALLED CALLED	Specify whether Injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.
18, BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place walders margine May 11, 19.23	
1 + 82 11	Trace of mjary
19. UNDERTAKER RYOUK O MUNT	24. Was disease or Injury In any wey related to occupation of deceased?
(Address) Wallow Tud	If so, specify Address up a
20. FILED May 11, 1933 M. S. Mondy	(Signed) M. D.
Registrar.	(Address) Mylladel Mild

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Exa	mple F. C.		Example II	
The principal cause of death of importance were as follow	and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	BUREAU	1921	Run over by street car	1 week ago
Cerebral hemorrhage	1	July 5,1927	Peritonitis	3 days ago
Other contributory causes of	importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

S. No. 1

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PARENTS

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PLACE OF SEATH
County Chas
llage or City Bryantown (No
PERSONAL AND STATISTICAL PARTICULARS
SEX 4 COLOR OR RACE 5 SINGLE.
MARRIED, MUDOWED, OR DIVORCED (Write the word)
DATE OF BIRTH
4/14, 1906
(Month) (Day) (Year)
If LESS than I day hrs. ds. or min.?
b) General nature of industry business, or establishment in which employed or (employer)
(State or country) Ches Co. Md
10 NAME OF Richard Bosch
11 BIRTHPLACE OF FATHER (State or country) (State or country)
of Mother Many Edelen
13 BIRTHPLACE OF MOTHER (State or Country) (State or Country)
(Informant) Roll Greenfield
(Address) Busantown, Mil
Filed 5/27/33192 Bee Chakkelean

STATE OF MARYLAND CERTIFICATE OF DEATH

St.; Ward)

Registration Dist. No. (If death occurred in a hospital or institu-

NAME Mary Edith &	reeufer stead of street and number.)
L AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 5 25 , 1923 3
(Month) (Day), 1906 (Year)	17 1 HEREBY CERTIFY, That I attended the deceased from 1923. to Apr. 25, 1923. that I last saw here alive on Apr. 25, 1923.
yrsds. If LESS than dayhrs. ormin.?	and that death occurred on the date stated abova, at 6.30 9,m. The CAUSE OF DEATH * was as follows:
ssion or of work	Pulmoner J. B.
blishment in or (employer) Nousework	Contributory Secondary Culinauty D. B.
Richard Booche	(Signed) Harry C. Charles M. D. S. 725 72. 3. 192 (Address) Starthard M. D.
ountry) Chas Co, mal	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
many Chelen	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
Suntry) Close Co, mal	At place of death
Roll Proceeding	if not at place of death? Former or usual residence.
Drujantown, Mil	34, Maryo Chur Str7/33, 19
7 33192 the Chappelean Registrar	J. Frank Jorge Hughesvelle Me
If more branks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queseupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, en at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a household only (not paid Housekeepers Who receive a er," ete., Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery, nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ocwhatever, write None. business, that faet may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Foreman, (b) Automobile factory. The For many occupations a single word or term on yrs). Farm laborer, Laborerwithout more precise specification as Day For persons who have no occupation -Coal minc, etc. not gainfully emmaterial Wom-

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Inanition," "Marasmus," "Old Age," "Shoek," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropey, "Exhaustion," "Heart failure," "Haemorrhage, atie), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condiuse of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "eontributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. eausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, etc. The contributory American Medical Association.) approved by as fracture of skull, and consequences (e. g., sepsis carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway train-Recommendations on statement of cause of death FOR VIOLENT DEATHS State MEANS OF INJURY cough; Committee on Nomenclature of the Chronic valvular heart Always qualify all not be

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BINDI

RESERVED

MARGIN

V. S. No. 1

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
	- Colores			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

N. B.--Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PLAINEY, WITH UNFADING INK--THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BIN WRITE

Village or City Addissed Ria St: Ward) a file drath occurred in the spital or insitation, give its radial interest and surples of insitation and insitation a		1 PLACE OF DEATH County Clarks	STATE OF MARYLAND CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS 3 SEX A COLOR OR RACE SINGLE MARRIED WIDOWED ON DIVORCED ON DIVOR		0.	Registration Dist. No. 102
PERSONAL AND STATISTICAL PARTICULARS SEX 4 COLOR OR RACE SINGLE WINDOWED OR DIVORCED OR D	-	Village or City Mussed No.	tion, give its NAME is-
S SEX A COLOR OR RACE WARRIED, WIDOWED OR DIVORCED (Write the word) F DATE OF BIRTH MAY (Otay)		2FULL NAME Stell born suf	
Male Blacht Wisconered			MEDICAL CERTIFICATE OF DEATH
TAGE IELESS than and that death occurred on the date stated above, at 192		MARRIED. Juliowed. Wildowed. Or Divorced Server	May 3/, 1933
that I last saw how street on 192 TAGE If LESS than I day hrs. I day hr		6 DATE OF BIRTH	
TAGE IfLESS than I day hrs da. or min.? OCCUPATION (a) Trade, profession or particular kind of work which employed or (employer) which employed employed or (employer) which employed employ		May 81, 1983	
I day hrs. The CAUSE OF DEATH * was as follows: Value of the country of the			110
Contributory Be occupation (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) Berthplace (State or country) Maryland 10 NAME OF FATHER (State or country) 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST/OF MY KNOWLEDGE (Informant) (Informant) Charles Address) 15 Filed May 3/1923 16 James And			I V
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) D BIRTHPLACE (State or country) Maryland 10 NAME OF FATHER (State or country) Maryland (Signed) Wy Manyland (Signed) Wy Manyland (Signed) Wy Manyland (State the Diseaso Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suidata or Homicidals. 13 BIRTHPLACE OF MOTHER (State or country) (State or country) Application (State or country) (1		De la
business, or establishment in which employed or (employer) BIRTHPLACE OF FATHER (State or country) 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) (Signed) 14 THE ABOVE IS TRUE TO THE BEST/OF MY KNOWLEDGE (Informant) (Address) 15 Filed MAY 31 1923 16 Address 17 Address MAY 31 1923 18 LENGTH OF RESIDENCE (Informant) Countributory Secondary (Signed) (Address) (Address) (Address) (Signed) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Informant) (1	(a) Trade, profession or	Jumanur Dens
which employed or (employer) Description of the policy of			Un Physician on Medwige in
Secondary Secondary Maryland (Signed) (Sig	1		1 asteridano
11 BIRTHPLACE OF FATHER (State or country) MANUAL CASSOL 12 MAIDEN NAME OF MOTHER (State or country) MATHER (State or country) MATHER (State or country) MATHER (State or country) MATHER (Signed) MATHER (State or country) Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death MATHER (Informant) (Informant) (Informant) (Address) MATHER (Signed) MATHER (Signed) MATHER (State or country) Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death Mather (Informant) (Informant) (Informant) (Informant) (Address) MATHER (Address) MATHER (Signed) MATHE		(State or country)	Secondary
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST/OF MY KNOWLEDGE (Informant) (Address) 15 Filed MAY 1923 16 MAY 1923 17 JAMAIDEN NAME (State or country) (Address) 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translients or Recent Residents) Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL (Address) DATE OF BURIAL ADDRESS ADD	•		1/1/Manch san
State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) (Informant) (Informant) (Informant) (Address) 15 Filed MAY 3 1923 1923 (State or country) MAY Carbolian (State or country) MAY Carbolian (Address) (Informant) (Address) (Informant) (In			7 70
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) (Informant) (Informant) (Address) 15 Filed 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos ds. Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL OAT Usour Md Filed MAY 9 1923 OCH Registrar OUNDERTAKER ADDRESS DATE OF BURIAL ADDRESS ADDRESS ADDRESS			(Astate' the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
At place of death		◆ OF MOTHER VIIION (O a s & all	
(Informant) Elmis fry (Informant) Elmis fry (Address) Murroide Manuel Spine Manuel Manuel Spine Manuel Spine Manuel Spine Manuel Manuel Manuel Spine Manuel Manu			At place In the
(Informant) Eolines Rey (Address) Piverbede Md (Address) Piverbed Md (Address) Piverbede Md (Address) Piverbede Md (Address) Piverbed Md (Addres			Where was disease contracted.
(Address) Piuroede III 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) Piuroede III 20 UN DERTAKER DERESS 15 Filed May 3/1923 () Thompso 20 UN DERTAKER DERESS DOCAT REGISTERAT COLUMN May Purely Provided Provid		14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or
(Address) Mursell May Of Grove Md June 14, 1923. 15 Filed May 3/ 1923 () Thompso to Undertaker Ruy Doress Durisede		(Informant) Coloner Rig	
Filed May 1923 (Thompson Elmir Ruy Prussede		(Address) Wirele Jud	Ook Grove Md June 1 1, 1983.
If more blanks are needed, address State Registrar, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.		15 Filed May 3/ 1923 9 Of Thompso	20 UNDERTAKER DODRESS
		If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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(Approved by U. S. Census 2nd American Public Health Association.)

should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on or At Home, yrs). For persons who have no occupation without more precise specification as Day (b) Automobile factory. The material and children, not gainfully em-Salesman, (b) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." approved by as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anacmia" (merely symptomstated unless important (secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of can be ascertained as the cause. causing death), 29 ds.; L. unqualified, is indefinite); Tuberculosis of lungs, men-Whooping "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; Committee on Nomenclature of the Chronic Example: Measles (disease chopneumonia (secondary), etc. The contributory affection need valvular Always qualify all heart disease; not be

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STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	952
County Charles -	Registration Dist. No. 106
Village or City Punked	No. St. Ward
Langth of residence in city or town whara daath occurredyrs	(If death occurred in a hospital or institution, give its NAME instead of street and number) mosds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Olivia mai	Theras
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED	MEDICAL CERTIFICATE OF DEATH
Figurale Colored Wedow	
5a. If married, widowed, or divorcad HUSBAND of (or) WIFE of Research Mollhers	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) OC 26 185 7. AGE Years Months Days It LESS the 1 day,	I last sawher alive on Islam 19. 193. 193. 193. 193. 193. 193. 193.
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data dacaased last workad at this occupation (month and year) year) 11. Total tima (years) spent in this occupation	
12. BIRTHPLACE (city or town) (State or country) Maryland	Other Coutributary Causes of Importance:
13. NAME Students March 14. BIRTHPLACE (city or town)	
[14. BIRTHPLACE (city or town) (State or country)	Name of oparation
The state of the s	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town) 6 halls 60 17. INFORMANT John In allieur	23. If death was due to external causas (VIOLENCE) fill in also tha following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place South Date Man 30, 193	
19. UNDERTAKER John J. Britania (Address)	24. Was disease or injury In any way related to occupation of deceasad? 72.0
20. FILED 19 Margh W. David Registrar.	(Signed) Lil Milchell M. D. (Address) J. Heleast Heces

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroen teritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN
TIDDITIONS	DI ZIUIZ	TAIR	T. OTCTTTTTT	DIVITINITIO	T CT	THISTOTAN

should state of OCCUPAof Infor-WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item PHYSICIANS Exact statement stated EXACTLY. properly classified. MARGIN RESERVED FOR BINDIN of certificate. CAUSE OF DEATH in plain terms, so that it may be AGE should be See instructions on back mation should be carefully supplied. TION is very important. B.-WRITE PLAINLY,

V. S. No. 1

ż

1. PLACE OF DEATH	(46)
County Charles	Registration Dist. No. 107
Village or City Tombarrelly	No. St. Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME alice . Mos	ds. How long in U.S. if of foreign birth?
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If marriad, widowed, or divorcad HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from 5 11 3, to 5 12 1 1 3 3
6. DATE OF BIRTH (month, day, and year)	I last saw has alive on 3 24 1933; daath is said
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at A. C. m.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trada, profassion, or particular kind of work done, as SPINNER 4	Purply al Consolaron Date of one of
kind of work done, as SPINNER SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (work) and the second last worked at this occupation (work) and the second last worked at the second last worked last worked at the second last worked at the second last worked last worke	
work was done, as SILK MILL, SAW MILL, BANK, etc	
11. Total tima (years) this occupation (month and spent in this	
year) occupation occupation	Other Cashillaton Course of Installation
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
(State or country)	
14. BIRTHPLACE (city or town)	
4. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy?
I	23. If death was due to external causas (VIOLENCE) fill in also tha following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
/. 1	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	Specify whather Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Mannar of Injury
Place to the thest Condepote J 22 19 33	Natura of injury
19. UNDERTAKER Clara & Robing (Addrass) Bul altery	24. Was disaasa or injury in any way ralated to occupation of decaased? If so, specify
20. FILED 5 - 22 -, 19.33 V. S. Augulo 24 Registras.	(Signed) Veh. Arghra M. D. (Address) M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYI AND-CERTIFICATE OF DEATH

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis Run over by street car 1 week ago 1921 Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gastrocnteritis Gallstones May 1.1923 1 year

BIND

RESERVED

MARGIN

V. S. No. 1.

PLACE OF DEATH



STATE OF MARYLAND

County	CERTIFICATE OF DEATH
Village or City Mufret (No,	Registration Dist. No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE SINGLE, MARRIED, WIDDWED OR DIVORCED (Writs the word)	16 DATE OF DEATH May 7 (Year) (Year)
Month (Day) 1933 (Month) (Day) (Year)	that I last saw h wallive on May 7 1933,
AGE	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)	(Buretien) yrs mos ds. Contributory AusEl
10 NAME OF LARLES TO PICKURE 11 BIRTHPLACE	(Signed) (Address) Carella (Address) (Signed)
"BIRTHPLACE OF FATHER (State or country) "BIRTHPLACE OF MATTHER (State or country)	*State the Disease Causing Drath, or, in deaths from Violent Causes, state (I) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant) (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ef death yrs. mes. ds. State, yrs. mes. ds. Where wes dissess contracted, tf not at place of death? Former er usuel residence
(Address) Hamfut med 18 Filed May 8, 1323 M. L. Mours REGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DATE OF BURIAL MAY 219133 20 UNDERTAKER LOCALITY CICKETS ADDRESS OR FOR

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (redired state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., mobile factory. only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Lecomotive engineer, engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. the second statement. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever The material worked on may form part Women at home, who are engaged in Nover return "Laborer," But in many cases, without more (b) Auto-

Statement of Cause of Beath—Name, first, the DISEASH CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia of lungs, meningunqualified, is indefinite); Tuberculosis of lungs, meningunqualified, is indefinite);

енсе.

the certificate is permanently flied.

All the data is essential and must be obtained before

on statement of cause of death approved by Committee and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations If the certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondon Nomenclature of the American Medical Association.) suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound to determine definitely. Examples: Accidental drowning. SUICIDAL, or HOMICIDAL, or as probably such, if impossible state means of injury and qualify as accidental, surgical operation was undertaken. For violent deaths "Publiperial perilonitis," etc. State cause for which etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness, genital," "Senilc," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasbirth or miscarriage "Anzemia" (merely symptomatic), "Atrophy," lapse," "Coma," "Convulsions," "Debility" "Anzemia" (merely symptomatical "Assthenia," cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercur-Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of.... Always qualify all diseases resulting from childas "Puerperal septichaemia," ("Con-

N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important, See instructions on back of certificate. RECORD NEX MARGIN RESERVED FOR BINDING , WITH UNFADING INK--THIS IS A PER WRITE F.

V.S. No.1

PLACE OF DEATH County Las	STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. /08
Village or City Very Manked	Str. Ward) Str. Ward) (if death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male A COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED Married (Write the word)	16 DATE OF DEATH 5/23, 1923
6 DATE OF BIRTH	17 1 HEREBY CERTIFY, That 1 attended the deceased from
(Month) (Day) (Year)	that I last aw h walive on may 23, 1923,
7 AGE If LESS than I day hrs. // ds. or min.?	
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry and garage business, or establishment in which employed or (employer)	(Duretion) yrs. mos. 7 ds.
9 BIRTHPLACE (State or country) Chas Co, Ma	Contributory Coarcinoma of Laryns Secondary (Duration) yrs. (Q. mosds.
10 NAME OF Sociale	(Signed) Hary to. Chap hedean M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER Sla Policy	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Pr. Ges. Comment	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Sol Sugale	usual residence
(Address) Sughen he ma	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL S 25 . 1933
15 Filed She /33 192 Eva Chaffelier	20 UNDERTAKER ADDRESS Frank Desc Mashingt &
If more branks are needed, address State Registra	r, 16 W. Saratoga St., Baylo., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (ne gaged in domestic service for wages, as Scrvant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coat mine, etc. woundend the thome, who are engaged in the duties of the household only (not paid Housekeepers who receive a er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the husiness or industry, and therefore an the first line will be sufficient, e.g., Farmer or Planter, Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. to report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-(b) Cotton mill; (a) Salesman. without more precise specification as Day (b) For persons who have no occupation If the occupation has been changed Automobile factory. The materia -Coal mine, etc. 6) Grocery, Wom-

Statement of Cause of Death—Name, first, the DISE EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebros pinal fever (the only definite synonym is "Epidemic cerebros pinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

accident; Revolver wound of head-homicide; Poisoned by as fracture of skull, and consequences (e. g., sepsis, American Medical Association.) (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." approved by Committee on Nomenclature of the carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol...... (name origin; "Cancer" is less definite; avoid taken. FOR VIOLENT DEATHS state MEANS OF INJURY can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of death Whooping Never report mere symptoms or terminal condicough; Chronic valvular heart disease; etc. The contributory Always qualify all

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDI

FOR

MARGIN RESERVED

S. No.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

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Example I	-94	Example II	100 100
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis Cerebral hemorrhage	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
	3		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

mation should be earefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. MARGIN RESERVED

FOR BINDIN

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH County Charles.	Registration Dist. No. 102
Village or City Priversible.	No. St., Ward
Length of residence in city or town where death occurredyrs,mos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Coda Wachung (a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Transle Transle	21. DATE OF DEATH May 9 193 8 - (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Washington - 6. DATE OF BIRTH (month, day, and year) /8 75	22. HEREBY CERTIFY That I attended deceased from the control of th
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at
8 Trade profession or particular	Carelral Opoply. Date of once
9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and year)	Other Contributory Causes of Importance:
12. BIRTHPLACE (cily or town) Strartes Co. Mo	
13. NAME for Volcow.	
13. NAME OR . Volkow. 14. BIRTHPLYCE (city or town) Charles Or . And. (State or country)	Name of operation Date of West here an autopsy?
15. MAIDEN NAME Mary Mey.	23. If death was due to external causes (VIOL ENCE) fill in elso the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) Oldarles C. Md. (State or country)	Accident, suicide, or homicide?
17. INFORMANT Olbert Toler. (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL Place Nangemany Pulsate May 12, 1933	Manner of injury
19. UNDERTAKER Porry or Effer, (Address) Indian Head Ind.	24. Wes disease or Injury in eny way related to occupation of deceased?
20. FILED May 9, 1833 UN Thompson Registrar.	(Signed) Lo. C. Bielrule M. (Address) Onashing and
If more blanks are needed, address State Registrar,	, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related cause of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 193	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			L.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN